



THE VISN VOICE



February 2008

I THOUGHT YOU WOULD LIKE TO KNOW—Mr. Garfunkel

It is with great pleasure that I welcome Ms. Ann Brown to VISN 5. Ms. Brown is the newly appointed Medical Center Director of the VA Medical Center in Martinsburg, West Virginia. Ann comes to Martinsburg from VISN 9 in Nashville, Tennessee. We look forward to working with her and know that under her leadership, the Martinsburg VAMC will excel.

As of this writing, VISN 5 is off to a great start with our FY '08 Performance Measures. We are ranked the number one Network for first quarter on the Clinical and Access Measures. Our first quarter review with VA Central Office is coming up at the end of the month. By that time all first quarter results should be in, and we expect to do very well. Congratulations to all of you and keep up the great work.

I have had several opportunities to meet and listen to our new Secretary, Dr. James Peake. My impression is that he is not only a terrific speaker, he is also a terrific listener. He is very interested in learning everything he can about the VA and in hearing about issues of concern. I think the VA has done well with his appointment and knowing his high-level of activity and involvement, I am sure that those of you who have not met him, will meet him soon.

Our VISN budget continues to be good, and I know that all of our medical centers have lots of plans for this year for numerous construction projects. In addition, hiring is going on at a rapid pace as are equipment purchases. All of these efforts are tied to our VISN Strategic Planning process which is also going on at a rapid rate.

Finally, our commitment remains high for the care of OEF/OIF veterans and for our mental health programs. This is in addition, of course to all the excellent care that we continue to provide all of our veterans. Thanks to all of you for a great first quarter.

Editors Note: How to contribute to the VISN VOICE NEWSLETTER

The VISN Voice is a monthly network publication, a source of educational and informational articles for employees, volunteers, and veterans of the VA Capitol Health Care Network.

Submit your information via e-mail to [VISN 5 Employee Newsletter](#) on Outlook by the end of the month for the following months publication. Please do not send Power Point or Published documents—use Word. Please include the following information: name, title, service, facility, and reason for submission. Submissions should not exceed 350 words. All submissions might not be included in the newsletter. The editor reserves the right to make edits to any submission chosen for publication.

Ken Sliker—Editor

Special points of interest:

News From Around the Network

[VAMHCS](#)

[Washington DC VAMC](#)

[Martinsburg VAMC](#)

[VISN 5 Service Area](#)

VISN 5 STRATEGIC PLAN

APPROVED BY EXECUTIVE LEADERSHIP BOARD

By

Dr. Allen Berkowitz

In late July, senior leadership representing all four parent facilities held a two-day retreat to identify strategic issues needing resolution in five key areas:

1. Current and Future Delivery of Specialty Care
2. Addressing Critical Mandates from VHA National Strategic Guidance
3. Enhancing the Quality of Patient Care (Patient Safety, Environment of Care, JCAHO Readiness)
4. Improving Employee and Patient Satisfaction
5. Linking Strategic Planning with Capital Asset, IT and Human Resource Planning and Budgeting.

A strategic issue is defined as a fundamental policy choice affecting the Network's mandates, mission, services offered or their mode of delivery, veterans/enrollees, finances or organization. At the retreat nine specific issues were identified and individual workgroups were identified to fully develop their assigned issue. After four months of dedicated analyses by these issue workgroups, strategies were identified, and action plans developed.

The strategic issue papers were reviewed by the VISN 5 Strategic Planning Committee and, where appropriate, recommendations were forwarded to the Executive Leadership Committee. The ELC at the January 2008 meeting approved the overall direction of the Strategic Plan, and specifically endorsed the implementation and funding of the following initiatives:

- Expansion of specific existing CBOCs and opening of three additional CBOCs to increase the Network's capacity to serve enrolled veterans;
- Consideration of a jointly managed and staffed (by all facilities) multispecialty Super CBOC located on the I-270 Corridor;
- Expanded outreach efforts to OEF/OIF veterans;
- Expanded resources (vehicles and wireless laptops) for community health workers in special mental health programs (Homeless, Domiciliary, MHICM, and PRRC programs);
- Change the environment of care to improve patient and employee satisfaction;
- Develop a comprehensive recruitment, retention and workforce planning program to not only improve employee satisfaction but to ensure programs are staffed at appropriate levels, and ensure a highly motivated and trained workforce;

Creation of a Network Data Warehouse, permitting timely access to performance data, and special research data inquiries.

Are we done? No way! Strategic plans are a "living document" and the status of their implementation need to be evaluated and revised every year. Towards that end an evaluation mechanism known as a "Balanced Scorecards" were developed at the Network and parent facility levels (and will be further explained in a future newsletter article).

You are invited to read the full Network Strategic Plan at the VISN 5 Intranet site under "Hot Links".

If you have any questions, or would like to identify a strategic issue facing your organization email, Dr. Allen Berkowitz, Network Strategic Planning Officer, at allen.berkowitz@va.gov.

Patient Safety Awareness Week

MARCH 2008

By
Vivian Mathews

March 2-8 is Patient Safety Awareness Week for VISN 5. You are encouraged to participate in your facility Patient Safety Awareness Events. Patient Safety is the responsibility of every employee. No one person or department can ensure the safety of the patient without you doing your part. Get involved with your Patient Safety Manager (PSM) and the events taking place this week. Ask yourself, "What have I done to keep my patient safe today?" Did you make sure the environment was safe? Did you make sure you were transporting the right person to the right place? Did you provide the right type of information to the person/staff receiving the patient? Was the right medication dispensed?

The National Center for Patient Safety (NCPS) along with the Joint Commission (JC) has provided us with patient safety goals (PSGs), a mechanism to enhance safe patient care. For patient safety awareness week, the VISN has three challenges for each employee. First the VISN challenges you to identify how many of these Patient Safety Goals you perform daily?

Second, identify why the PSGs you perform are considered an act of patient safety? And finally what additional PSGs could you add to your daily routine or practice to increase safety to the Veterans you serve?

In order to create and or enhance a Culture of Safety you need to be aware of your role in the safety process. You are encouraged to share your identified PSGs to your immediate supervisor, facility Patient Safety Manager, Quality Management Coordinators, Performance Improvement Coordinators and/or the Medical Center Director.

Did you know that Patient Safety Goals are modified annually? Patient Safety Goals get retired, become a subset of a new goal, or surveyed under JC Standards. Below are the 2008 PSGs (the numbering sequence is accurate).

1-Improve the accuracy of patient identification.

2-Improve effectiveness of communication among caregivers.

3-Improve safety of using medications.

7-Reduce the risk of health care-acquired infections.

8-Accurately and completely reconcile medications across the continuum of care.

9-Reduce the risk of patient harm resulting from falls.

10-Reduce risk of influenza and pneumococcal disease in institutionalized older adults.

13-Encourage patients active involvement in the their own care as a patient safety strategy.

14-Prevent health care-associated pressure ulcers (decubitus ulcers).

15-The organization identifies safety risks inherent in its patient population.

16-Improve recognition and response to changes in a patient's condition.

For detailed PSG information check-out your facility website or go to:

<http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>

MARTINSBURG VAMC NEWS



Martinsburg's New Director Ann R. Brown, FACHE

Ann R. Brown, FACHE, was appointed Director of the Martinsburg VA Medical Center effective January 20, 2008.

Ms. Brown is responsible for the health care delivery of the 69-bed acute care hospital, 178-bed nursing home, 312-bed domiciliary and 8 transitional beds. This includes maintaining the highest quality of care for more than 129,000 veteran patients and the efficient management of the facility's \$187 million budget and over 1,300 employees.

With a dedicated VA career and passion for serving our nation's veterans, Ms. Brown comes to Martinsburg from Nashville, TN. She had been Acting Deputy Network Director for VISN 9, VA Mid-South Healthcare Network. As Acting Deputy Network Director, she was responsible for providing strategic leadership and direction to the Network's Chief Financial Officer, Chief Logistics Officer, Capital Asset Manager, and the Financial Quality Assurance (QA) Officer. She assisted the Network Director and the management team with aspects of finance, logistics, and capital asset management operations, as well as ensuring full compliance with VHA and VA policy and regulatory requirements. Prior to her Network appointment, Ms. Brown had been Associate Director for Operations of the VA Tennessee Valley Healthcare System (TVHS). As Associate Director for Operations, she had overall responsibility for many of the daily administrative support functions. The Tennessee Valley Healthcare System included the Alvin C. York Campus in Murfreesboro, Nashville Campus in Nashville, Chattanooga and Knoxville VA Outpatient Clinics, and community-based clinics located in Cookeville, Tullahoma, Clarksville, and Dover Tennessee, and in Fort Campbell and Bowling Green, Kentucky.

Ms. Brown served as the VA Midwest Health Care Network (VISN 23) Business Office Manager, Lincoln Office from 2001 until her appointment to the TVHS. She also served the South Texas Veterans Health Care System as Executive Assistant to the Acting Director from 1999 to 2001, Decision Support System Administrator from 1996 to 2001, and completed her Administrative Residency and Health System Specialist training during 1994 and 1995. Before joining the VA, Ms. Brown completed the Bank One Executive Training Program and worked in the banking industry for six years.

Ms. Brown received her M.S. degree in Health Care Administration from Trinity University in San Antonio, Texas, graduating in 1994. In 1985, she received her B.B.A. degree in Finance from the University of Texas at Austin.

Ms. Brown is a Fellow of the American College of Healthcare Executives.

MARTINSBURG VAMC NEWS

Facility Remembers Dr. King

Despite inclement weather on January 17, employees at the Martinsburg VA Medical Center participated in a unity walk to celebrate Dr. Martin Luther King, Jr., Day. The walkers visited several outdoor sites which highlighted the most memorable accomplishments of Dr. King's life. Afterwards, the walkers ventured indoors to enjoy light refreshments and view footage of Dr. King's "I Have a Dream" speech. This program was sponsored by the Medical Center's EEO Program Manager and members of the African-American Special Emphasis Committee.



Medical Center employees pause as a group at the conclusion of the King events.

VA MARYLAND HEALTH CARE SYSTEM (VAMHCS) NEWS

American Legion Post 91 Contributes \$12,000

Members of the American Legion Dorchester Post 91 in Cambridge, Maryland, recently donated \$12,000 to the Veterans Affairs (VA) Maryland Health Care System for the benefit of veterans throughout the state.

A total of \$6,000 was donated to purchase hearing aids for veterans on the Eastern Shore who receive their health care services at the Cambridge VA Outpatient Clinic. The Cambridge Clinic is the largest outpatient clinic in the VA Maryland Health Care System with over 20,000 outpatient visits a year. Many of the veterans who are treated at the clinic need hearing aids, but are ineligible under VA guidelines to receive them.

At a cost of \$600 to \$1,300 per two devices, the expensive hearing aids are in great demand and supplies diminish quickly. Veterans must be enrolled in the VA system and obtain a referral from their primary care provider in order to receive the hearing aids. Although hearing aids are free to veterans through this program, a co-pay and other charges may apply for related services such as evaluations and fittings.

In addition to the donation of \$6,000 for the Hearing Aid Program at the Cambridge Clinic, the Post also presented two additional checks totaling \$3,000 each to be used toward the patient holiday gift program at the Baltimore and Perry Point VA Medical Centers. Because of the generosity of community

volunteers and organizations, like the American Legion Dorchester Post 91, over 700 hospitalized veterans throughout the VA Maryland Health Care System were remembered during the holiday season with special gift bags that included blankets, telephone calling cards, puzzle books, hats, notepads and pens, radios and toiletry items purchased with donated funds.

To learn how you or your organization can support programs that enrich the lives of our nation's hospitalized veterans, please contact Margaret Hornberger, Community Resources Development Specialist for the VA Maryland Health Care System, at 1-800-949-1003, extension 5409.



Pictured during the check presentation from the American Legion Dorchester Post are from left to right John Shaughnessy, Commander, American Legion Dorchester Post 91; Susan Kern, Program Manager, Voluntary Service, VA Maryland Health Care System; and Glenn A. Robinson, Past Commander, American Legion Dorchester Post 91.

VA MARYLAND HEALTHCARE SYSTEM (VAMHCS) NEWS

“Delivering gifts and spending quality time with fellow veterans have helped to enrich my holiday season.”

Because of the generosity of employees at the Forest Hill based Body Styles by Mel and its clients, the holidays were made brighter for veteran patients on a nursing care unit at the Perry Point Veterans Affairs (VA) Medical Center, a division of the VA Maryland Health Care System.

During early December, the fitness center staff contacted the Perry Point VA Medical Center to discuss the possibility of adopting a patient care unit for the holidays.

After determining an appropriate patient care unit, the staff at the medical center prepared a wish list for each veteran patient that included requests for such items as flannel shirts, tennis shoes, and even a pool stick. Upon receiving the listing of desired items, the fitness center staff set up a giving tree at their facility that

allowed clients to pull individual tags, which included the age and gender of each veteran along with specific details for each desired gift. The holidays can be a difficult and lonely period for those who are hospitalized and apart from loved ones. Thanks to the incredible support of local businesses and organizations, like Body Styles by Mel, each hospitalized veteran throughout the VA Maryland Health Care System received a gift during the holiday season. “It’s all about giving back to those who have served,” said Melvin Royster, a Desert Storm veteran and owner of Body Styles by Mel. “Delivering gifts and spending quality time with fellow veterans have helped to enrich my holiday season.”

To learn more how you or your organization can contribute toward keeping the spirit of the holiday

season alive throughout the entire year by supporting programs that enrich the lives of our nation’s hospitalized veterans, please contact Margaret Hornberger, Community Resources Development Specialist, VA Maryland Health Care System, at 1-800-949-1003, extension 5409.

Interim Nursing Home and Modernization at the Perry Point VA Medical Center

Nursing home patients recently relocated to a new building at the Perry Point Veterans Affairs (VA) Medical Center, a division of the VA Maryland Health Care System. Due to the aging infrastructure of the former nursing home building, a vacant building on the medical center’s campus was renovated to serve as a 55-bed replacement facility. The replacement nursing home will serve as an interim facility until construction begins on a new state-of-the-art facility, which is currently pending congressional funding. “Our nursing home patients were provided a seamless transition during the relocation process thanks to the cooperative spirit of VA employees and volunteers, along with the support of patient family members,” said Dr. Mark Heuser, Director,

Geriatrics/Long-Term Care Clinical Center, VA Maryland Health Care System. “The VA employees and volunteers worked together with patient family members to assure that every aspect of the move was well coordinated and executed.” The newly renovated nursing home provides enhanced patient privacy, spacious living areas, upgraded heating and air conditioning systems and enhanced safety and security features. In addition to its numerous structural improvements, the new nursing home provides a unique “patient friendly” environment that includes the use of bright colors, wallpaper borders and plenty of natural light throughout the facility. Thanks to the incredible generosity of John Feeley, Jr., a former nursing



Daniel Ceconato, Korean War veteran, is greeted by Perry Point VA Medical Center employees.

home resident at the Perry Point VA Medical Center, every patient has their own flat screen television.

Mr. Feeley, a former resident of Colora, Maryland, bequeathed his entire estate to the Perry Point VA Medical Center following his death. His generous contribution was used to purchase the flat screen televisions for the new nursing home facility to benefit his fellow comrades at Perry Point.

WASHINGTON VAMC NEWS

Moderate Exercise Reduces Risk of Death in Men:

Washington DC VA Medical Center Study Highlights Importance of Exercise in Mortality



Peter Kokkinos, Ph.D., Director of the Exercise Testing and Research Lab at the Veterans Affairs Medical Center in Washington, DC

WASHINGTON – A study led by Peter Kokkinos, Ph.D., Director of the Exercise Testing and Research Lab at the Veterans Affairs Medical Center in Washington, DC, recently found that increased moderate exercise reduces the risk of death in men. That is the principal conclusion reported in the January 22 issue of *Circulation*, the Journal of the American Heart Association.

Kokkinos and his team of researchers studied 15,650 Caucasian and African-American male veterans over an average of 7.5 years. Their goal was to study the effects of exercise to determine if it could be a predictor of death rates for these veterans and to find out whether racial differences affect the risk of death. Veterans were evaluated by a standardized treadmill test to assess exercise capacity. Researchers divided the participants

into four fitness levels (**low, moderate, highly, and very highly fit**) based on their performance on the treadmill test.

The study found that “highly fit” men had half the death risk compared to “low fit” men. Men classified as “very highly fit” had a 70 percent lower risk of death compared to the men identified as “low fit.”

According to Kokkinos, these findings are important for several reasons. “First, we were able to quantify the health benefits per unit increase in exercise capacity. Second, this is the first study to provide information on physical activity and death rates in African-Americans, information lacking until now.” The study indicated that outcomes for African-American males are improved by increased, moderate exercise.

This is good news, as mortality rates are generally higher among African-American males of low income.

Kokkinos emphasized that it takes “relatively moderate” levels of physical activity—like brisk walking—to gain the associated health benefits. “One does not need to be a marathon runner. This is the message we need to convey to the public.” Kokkinos indicated that most middle-age and older men can attain fitness levels with a brisk walk, 30 minutes a day 5-6 days a week. “I do not advocate that everyone can start with 30 minutes of physical activity. In fact, 30 minutes may be too much for some people.”

He encouraged individuals for whom 30 minutes may be too much to split the routine into 10-15 minutes twice a day. He indicated that the benefits would be “similar.” He concluded that the risk of death can be cut in half with an exercise capacity that can easily be achieved by a brisk walk of about 30 minutes per session 5-6 days per week. Based on the results of the study, Kokkinos advises physicians to encourage individuals to initiate and maintain a physically active lifestyle, which is likely to improve fitness and lower the risk of death. He cautioned that individuals should never begin an exercise regimen without first discussing their overall health with a doctor. The study was published in *Circulation: Journal of the American Heart Association*.

The Washington DC VA Medical Center is a leader in research in the Washington, DC metropolitan area with millions of dollars in studies underway in areas such as HIV/AIDS, hypertension, substance abuse and Gulf War Related illnesses.

WASHINGTON VAMC NEWS

Washington DC VA Medical Center Pilots New VA/DoD Disability Evaluation Examination

Mike Welsh was injured by an Improvised Explosive Device (IED) while serving in Afghanistan. While recuperating at Walter Reed Army Medical Center, and still officially on active duty, Mike began rehab at the Washington DC VA Medical Center (DCVAMC). "At first I was hesitant but I was willing to give it a try and immediately, the results and the benefit were recognized right away. Seamless, all that it required of me was to come over to the VA hospital. Everything was done for me. Caseworker, social workers - they did all the coordination".

That's the kind of feedback we like to get from veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) who transition following combat from military health care to VA health care.

It's hoped that a pilot program, now underway at DCVAMC, will further ensure that Seamless Transition by simplifying the process of evaluating injured service personnel. OEF/OIF combat personnel being considered for a medical discharge won't need to go through two or more rounds of medical exams to be evaluated for fitness for duty, just one.

Called the Disability Evaluation System (DES), this all-in-one medical examination serves the purpose of both determining fitness to return to duty and rating the soldier on service connection. It's only being offered in one medical center in the country, right now – here in Washington, DC.

DES is one of several joint VA/DoD programs established in response to the President's Wounded Warrior Commission Report.

The Washington DC VA Medical Center is working cooperatively with Walter Reed Army Medical Center, the National Naval Medical Center and Andrews Air Force Base on DES. Under this red-tape cutting program, VA performs the exit examination for service members who appear to military physicians to be unfit for further duty. Upon completion of the examination, the records are forwarded electronically to VA's Veterans Benefits Administration (VBA) for assignment of a service-connection rating and then to the local DoD board for a medical decision on continuing service. Thus, it is a "single" examination by VA for the use of the military branch and VBA. Ultimately, the service member's transition time to veteran status should be significantly shortened.

Dr. Patrick Joyce, Chief Physician, Compensation and Pension, at DCVAMC says, "We are working closely with our military colleagues to shorten the disability evaluation process."

As of February 1, 100 service members have entered the program. The average processing time has been under 35 days.

Working together, VA and DoD programs such as DES will help improve service to OEF/OIF veterans. Mr. Welsh appreciates the importance of this alliance. "Because of advancements with information technology all of my medical records are electronic now, those are electronic files and those files could be shared between the different parts of the DoD as well as the VA medical system and for me that was a big benefit. It was all seamless".

VISN 5 Employee Newsletter

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VISN 5 Service Area



Facility Numbers

Baltimore VAMC

1-800-463-6295

VAMHCS Telephone Care Line

1-800-865-2441

Perry Point VAMC

1-800-949-1003

Prescription Refill & Clinic Appointment

1-800-463-6295, ext 7395

Baltimore Rehab & Extended Care Center

1-800-463-6295

Martinsburg VAMC

(304) 263-0811

Medical Advice Line

1-800-817-3807 or (304) 262-4855

Patient Eligibility

(304) 263-0811, ext 3758/3757

Monday—Friday, 8 a.m.-4:30 p.m.

Or ext. 3050 after 4:30 p.m.

Prescription Refill

(304) 263-0811, ext. 4870 (all hours)

Washington DC VAMC

(202) 745-8000

Patient Service Center

(202) 745-8247

VETS Information

(202) 745-4046

PTSD Clinic Number

(202) 745-8591

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(410) 228-6243

Fort Howard, MD

(410) 477-1800

Hagerstown, MD

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Alexandria, VA

(703) 313-0694

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